

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15009**

FILED JUN 15 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **210**

1273

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO.</b>	
c. LENGTH OF STAY (In this place)		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOCTORS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2101 RUSSELL AVE.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>NEWTON</b> c. (Last) <b>GRAYSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 6-1949</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>MAY 20-1864</b>		9. AGE (In years last birthday) <b>85</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
11. BIRTHPLACE (State or foreign country) <b>LEXINGTON KY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	

13a. FATHER'S NAME <b>JOHN GRAYSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ELLEN GHOSH</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Eula Davis St. Louis MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation</b>  ANTECEDENT CAUSES <b>Cardiac failure</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>Cardiac vascular renal disease</b>  DUE TO (b) <b>Cardiac vascular renal disease</b>  DUE TO (c) <b>Cardiac vascular renal disease</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>442Y</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 5, 1949**, to **June 6, 1949**, that I last saw the deceased alive on **June 6, 1949**, and that death occurred at **1:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. M. Markel M.D.</b>		23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>6-9-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 8-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN CEM.</b>	
				24d. LOCATION (City, town, or county) (State) <b>POPLAR BLUFF MO</b>	

DATE REC'D BY LOCAL REG. <b>June 9, 1949</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		428		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>W. J. Phelps Poplar Bluff Mo</b>	
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JUN 13 REC'D

BUTLER COUNTY HEALTH CENTER  
PO BOX 10000  
SPRINGFIELD MISSOURI

649-136

6-13-49

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed: N. T. Phelps

Signed.....  
Student Embalmer

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.